



Municipality: Enfield

Form NAA-01
2016 Connecticut Neighborhood Assistance Act (NAA)
Program Proposal

Complete this form in blue or black ink only.

This form **must** be completed and submitted to your municipality for approval. All items **must** be completed with as much detail as possible. If additional space is needed, attach additional sheets. Please type or print clearly. See attached instructions before completing. **Do not submit this form directly to the Department of Revenue Services.**

Part I — General Information

Name of tax exempt organization/municipal agency: Hazardville Institute Conservancy Society, Inc.

Address: P.O. Box 406, Enfield, CT 06082

Federal Employer Identification Number: 06-162097

Program title: Energy Conservation Improvements: Interior Storms & Windows, Insulation, Heating & Cooling

Name of contact person: Gretchen Pfeifer-Hall

Telephone number: (960) 212-0779

Email address: gretchenph@snet.net

Total NAA funding requested (\$250 minimum, \$150,000 maximum): \$ 88,500.00

Credit percentage for which your organization is applying:

☐ 60% ☒ 100% (Energy conservation programs only)

Is your organization required to file federal Form 990 or 990EZ, Return of Organization Exempt from Income Tax?

☒ Yes ☐ No

If **Yes**, attach a copy of the **first page** of your most recent return.

If **No**, attach a copy of your determination letter from the U.S. Treasury Department, Internal Revenue Service.

Please check the appropriate description of your program:

- ☐ Job training/education for unemployed persons aged 50 or over;
☐ Job training/education for disabled persons;
☐ Program serving low-income persons;
☒ Energy conservation;
☐ Child care services;
☐ Open space acquisition fund; **or**
☐ Other: Specify _____

Part II — Program Information

Description of program: _____

As a continuing effort for the adaptive re-use of the historic Hazardville Institute building, the Conservancy plans to install interior storm windows, period appropriate energy efficient windows in the rear stair/elevator addition, insulation in the exterior walls and ceilings, complete the installation of a new heating and cooling system which includes ductwork-radiators-condensers.

Need for program: _____

The development of the building, which will include public meeting space, permanent historic displays and business rental space, must be done in a way that minimizes on-going expenses. The addition of appropriate storm windows will ensure compliance with the Secretary of the Interior's Standards for Rehabilitation.

Neighborhood area to be served: _____

Enfield and North Central Connecticut

Total number of recipients: 5,000

Administration of Program:

Identify every person or organization involved in the implementation and administration of the program. Use additional sheets if necessary.

1. Name: Gretchen Pfeifer-Hall

Address: 4 Somers Road, Enfield, CT 06082

Duties and responsibilities: 2016-2017 President

2. Name: Richard Szewczak

Address: 35 South Road, Enfield, CT 06082

Duties and responsibilities: Director and Chair, Building Sub-Committee

Timetable:Program start date: 12-15-2016Program completion date: 12-15-2018

The program completion date must not be more than two years from the program start date. A certified post-project review is due to the municipality overseeing implementation no later than three months after program completion date for all projects receiving \$25,000 or more in NAA funding.

Month your annual accounting period ends: DecemberMethod of accounting: ☒ Cash ☐ Accrual**Part III — Financial Information****Program Budget:**

Complete in full. Expenditures must equal or exceed total funding.

Sources of Revenue:NAA funds requested \$88,500.00

Other funding sources - itemized sources:

a) Organization \$9,000.00

b) _____

c) _____

d) _____

Total Funding: \$97,500.00**Proposed Program Expenditures:**

Direct operating expenses - itemized description:

a) Materials and Installation \$95,000.00

b) _____

c) _____

d) _____

Administrative expenses:

Professional fund-raising fees \$2,500.00

Accounting/legal & other expenses - itemized:

a) _____

b) _____

c) _____

d) _____

Total Proposed Expenditures: \$97,500.00

Part IV — Municipal Information

To be completed by the municipal agency overseeing implementation of the program

Name of municipal agency overseeing implementation of the program: _____ _____
Mailing address: _____ _____
Name of municipal liaison: _____
Telephone number: _____
Fax number: _____
Email address: _____

<p style="text-align: center;">Post-Project Review</p> <p style="text-align: center;">Is a post-project review required for this proposal?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">If Yes, date post-project review due:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>

2016 Connecticut Neighborhood Assistance Act (NAA) Program Proposal Instructions

Complete all items on **Form NAA-01, 2016 Connecticut Neighborhood Assistance Act (NAA) Program Proposal**. Incomplete applications will **not** be accepted. Direct inquiries to Department of Revenue Services (DRS), Neighborhood Assistance Act Program, Attn: Research Unit, 25 Sigourney St Ste 2, Hartford CT 06106, or call **860-297-5687**.

Part I General Information

Enter the name of the tax exempt organization or municipal agency, address, Federal Employer Identification Number, and email address.

Program Title: Assign a unique program title to each program for which your organization is making an application.

Federal Form 990: Attach a copy of the first page of your organization's most recent federal Form 990 or Form 990EZ. If your organization is not required to file either Form 990 or Form 990EZ, attach a copy of the determination letter from the Internal Revenue Service.

Part II Program Information

Description of Program: Describe the program, including information about how the program will operate, its benefit to the community, how recipients will be selected, and any measures used to determine the program's impact on the community.

Need for Program: Demonstrate a need for this program. For example, provide relevant statistics.

Neighborhood Area to Be Served: Describe the neighborhood or municipality this program will serve.

Total Number of Recipients: Provide an estimate of the number of recipients this program will serve.

Administration of Program: Identify the name and address of every person or organization involved in the implementation and administration of this program. Use additional sheets if necessary.

Timetable: Indicate the starting and completion dates of the program. The program completion date must not be more than two years from the program start date.

Part III Financial Information

Each program proposal must include a program budget that includes all sources of funding and all anticipated expenditures. The information provided in the budget may be used during a post-project audit.

Sources of Revenue: The budget must include the requested NAA funding and any other anticipated revenue sources.

NAA Funding Requested: Indicate the total amount your organization is requesting for its program. This amount may not exceed the total proposed expenditures. Please note that the minimum NAA funding is \$250, with a maximum funding of \$150,000 per organization or agency per year.

Other Funding Sources: Provide a detailed description(s) and the amount(s) of all funding sources.

Proposed Program Expenditures: The budget must include a detailed description and the amount of all direct operating and administrative expenditures.

Expenditures must equal or exceed total funding.

Direct Operating Expenses: Expenses include materials, equipment, wages, salaries, tuition fees, sub-contracting services, and any other expenses needed to administer the program.

Part IV Municipal Information

This part is to be completed by the municipal agency overseeing implementation of the program.

Municipal Liaison: The municipality must designate an individual to serve as a liaison with DRS for all NAA matters.

Post-Project Review: Any program receiving \$25,000 or more in NAA funding is required to provide a post-project review, prepared by a certified public accounting firm, to the municipality overseeing the program. This review must be submitted to the municipality no later than three months after the program completion date.

990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

HAZARDVILLE INSTITUTE CONSERVANCY SOCIETY, INC. C/O R. ALSBAUGH, SECR.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

P.O. BOX 406

City or town, state or province, country, and ZIP or foreign postal code

ENFIELD, CT 06083

F Name and address of principal officer: LLOYD HALL

SAME AS C ABOVE

D Employer identification number

06-1620974

E Telephone number

860-749-6594

G Gross receipts \$ 3,262.

H(a) Is this a group return

for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1979 M State of legal domicile: CT

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: PROVIDE ASSISTANCE IN THE MAINTENANCE, RESTORATION & PRESERVATION OF THE HAZARDVILLE INSTITUTE		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	0
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
7b		Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 168.	Current Year 360.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	192.	197.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,224.	1,442.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,584.	1,999.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b		Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	364.	304.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	364.	304.
19		Revenue less expenses. Subtract line 18 from line 12	3,220.	1,695.
Net Assets or Fund Balances		20	Total assets (Part X, line 16)	Beginning of Current Year 614,077.
	21	Total liabilities (Part X, line 26)	0.	0.
	22	Net assets or fund balances. Subtract line 21 from line 20	614,077.	616,550.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date
	LLOYD HALL, TREASURER	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	LUCIEN P. BOLDUC	
	Firm's name	Firm's EIN
	MERCIK & BOLDUC, LLC	06-1119677
	Firm's address	Phone no.
	585 HAZARD AVENUE ENFIELD, CT 06082-4241	860-763-2351

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No